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ABSTRACT

Described are preschool and school programs offered by North Dakota's Southeast Mental Health/Retarded Center for normal and handicapped children and their families. The preschool program includes the following services: an educational program for parents of normal children, a home program for parents of children with developmental delays, an evaluation and treatment center for the more severely handicapped, a materials and toy-lending library, and a computerized program generating behavioral prescriptions. The program for school age children, teachers, and families is explained to provide referral, consultative, and treatment services for the child as well as inservice training for teachers. (CL)

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A COMPREHENSIVE MENTAL HEALTH PROGRAM FOR PRESCHOOL AND SCHOOL-AGE CHILDREN IN RURAL AND NON-URBAN AREAS

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ABSTRACT

Comprehensive Pre-school Program for Handicapped Children
in Rural and Non-Urban Areas

The comprehensive pre-school program at the Southeast Mental Health and Retardation Center in Fargo, North Dakota, has three major components and a number of minor components which supplement the major services provided.

One of the major components is PACT (Parents and Children Together) which is an educational program for parents of pre-school children. The first step in establishing PACT groups in various communities throughout the six county catchment area served by the Center is to select a community leader in each area who will serve as the parent initiator (group leader) for the PACT group in that community. Once the parent initiators have been selected, they then attend a training session at the Mental Health Center to learn the details of the PACT program, learn how to recruit PACT group members and receive training in group dynamics and leadership skills. The parent initiators then return to their communities and recruit a minimum of 10 to a maximum of 20 parents of pre-school children to become members of the PACT group in that community. When a PACT group has been established, the parents of that group then meet together twice a month to read and discuss information (PACT packets) on normal child development, behavioral management techniques, and methods and activities for stimulating their pre-school children's growth and development. The entire PACT program is coordinated by a Center staff member who is both a community dynamics specialist and a child development expert. At the present time, six PACT groups with a total membership of 89 parents have been established.

Another major component of the Fargo project's pre-school program is STP (Stimulating to Potential). In this program, pre-school children with develop-

mental delays (identified by testing on the Alpern-Boll, Bayley, or Stanford-Binet) are provided with a treatment program right within their own home. In addition, the parents of children in STP are taught how to provide the specific treatment prescribed for their child and are required to follow the treatment plan for their child on a daily basis. The STP specialists on the Center staff visit each home on a weekly basis to evaluate the appropriateness and effectiveness of the treatment program for the child for that week and to evaluate the effectiveness of the parents as therapists and provide further instruction in this area when necessary. So far 39 pre-school children and their parents have participated in the STP program.

The final component of the pre-school program is TETC (Therapeutic Evaluation and Treatment Center). TETC also is designed for pre-school children with developmental delays. However, instead of receiving treatment in their homes, these children and their parents receive treatment and instruction at a special center facility, the Treatment and Evaluation Center. This program was designed for the treatment of children with more serious problems than those seen in STP, problems which are not amenable to treatment within the child's own home. Also since children in TETC often have multiple handicaps, these children are usually evaluated more extensively. Many of the children in this program are seen on a daily basis at the TETC facility. Again one of the requirements for acceptance into this program is that the parents participate in the treatment of their child. Thus the parents receive instruction in the treatment of their child's problem and participate in the child's therapy sessions. So far, 18 children have been involved in the TETC program.

Supplementary services to PACT, STP and TETC are provided through the following additional components of the pre-school program. A regularly scheduled six-session course in behavior management techniques for parents; the Lekotek instructional materials and toy-lending library located at TETC;

the Land of Oz pre-school screening battery given annually to 500 or more pre-school children; and the Developmental Individual Program (DIP), a computerized program for prescribing behavioral prescriptions to teach specific behaviors in the areas of language, motor skills, self-help skills, socialization and perception.

PROGRAM SUMMARY

Based on the conviction that parents and teachers have two of the most important roles in a child's development, the Southeast Mental Health and Retardation Center in Fargo, North Dakota has implemented a program which focuses on these two groups of adults for the delivery of comprehensive mental health services to preschool and school-age children in rural and non-urban areas. The program includes the following components: 1) Community-based screening of preschool children; 2) In-home parent education clubs; 3) Weekly visits by home teachers to help parents carry out individually designed stimulation and remediation programs for their preschool children; 4) An intensive evaluation and treatment center for preschool children and their parents; 5) An educational materials and toy lending library for parents; 6) Regularly scheduled classes for parents in behavior management techniques; 7) A cooperative agreement with schools for the delivery of mental health services, and 8) A formal program of in-service training for teachers. During the first year of the program, approximately 1,100 preschool and school-age children have received services either through their parents' involvement with one of the Center's programs, directly through Children's Services staff members, or through the cooperative agreement with the school systems.

A COMPREHENSIVE MENTAL HEALTH PROGRAM FOR PRESCHOOL AND SCHOOL-AGE CHILDREN IN RURAL AND NON-URBAN AREAS

In the summer of 1972, the Southeast Mental Health and Retardation Center administratively reorganized its structure into three distinct departments: 1) adult and geriatric services; 2) adolescent services; and 3) children's services. At that time, the need for children's services was great, but very few resources existed to meet those needs; thus, the Director of Children's Services, William Gingold, Ph.D., applied for funding to support children's programs. The result was the implementation in January, 1974, of a comprehensive program of services for preschool and school-age children in the six county catchment area of southeastern North Dakota.

Services to children and their families are based on four convictions: 1) There must be early identification of problems, which means systems and procedures must be developed which will allow parents, teachers, physicians, and others to recognize potential or existing problems in children and the family constellation. 2) There must be assessment, evaluation and diagnosis, that is, a description of the nature of the problem. 3) There must be treatment involving various intervention techniques as well as program formulation and implementation. 4) There must be follow through to provide supportive services as the treatment continues and to eliminate losing a child and his family in the process of sorting papers or transferring from one agency to another for services. On the basis of these four beliefs, two broad programs were developed for Children's Services.

The first broad program aspect is the Comprehensive Preschool Program which has three major components and a number of minor supplementary components. One of the major components is PACT (Parents and Children Together) which is an educational program for parents of preschool children based on the philosophy that parents are very important during the early years of their child's development. Thus, children who share activities and learning experiences with their parents will develop best. The PACT program is organized in the following way: A leader who will serve as the parent initiator (group leader) for the PACT group is selected in each participating

community. Then the parent initiators attend training sessions at the SEMH Center to receive training in group dynamics and leadership skills and to learn the details of the PACT Program and how to recruit group members. The parent initiators return to their communities and recruit 10 to 20 parents of preschool children to become members of their PACT group. When a PACT group has been established, the parents of that group meet together twice a month to read and discuss information on normal child development, behavioral management techniques, and methods and activities for stimulating their preschool children's growth and development. Parents are reinforced for completing their various activities and assignments by receiving PACT dollars with which they can purchase items (e.g., toys, books, records, etc.) for their preschool children from the Learn and Earn Together catalog. These items are on display at the Lekotek which is an educational materials and toy lending library located in Fargo, North Dakota. After the parents have completed the eight introductory sessions, they may choose to continue their group for more detailed study of specific areas of interest. The entire PACT program is coordinated by a Center staff member who is both a community dynamics specialist and a child development expert. PACT's purpose is to help parents be more effective in promoting the parent/child relationship and to encourage participation of both parents so the family unit will be effective, strong, and unified. Presently there are six PACT groups serving 89 parents of 91 preschool children. Based on information collected, the initial efforts have been very rewarding and further expansion is anticipated.

Another component is Stimulating to Potential (STP) which is a home teaching program that directly involves parents in the education of high risk and/or developmentally delayed children from birth to eight years of age by showing them what to teach, what to reinforce and how to observe and record behavior. There are several advantages in teaching parents to be effective agents of behavioral change in their homes. First, learning is occuring in the parent's and child's natural environment; therefore, the problem of transferring what has been learned in a classroom or clinic to the home does not exist. Second,there is direct and constant access to behavior

as it occurs naturally. Third, parents are provided with the skills necessary to deal with new behaviors when they occur. Children are referred to the program by local physicians, social workers, county health nurses, preschool programs, speech clinicians, and parents themselves. After a child has been referred, a home teacher visits the home and assesses the child to determine whether an early education program is needed. To facilitate planning for individual children, a developmental early childhood curriculum has been constructed and is used in conjunction with a developmental sequence checklist which lists the order in which behaviors normally occur. The STP Specialist goes through the checklist with the parents and checks each behavior the child has already acquired. Based on this information, the home teacher can prescribe the next behavior on the checklist and teach the parents ways in which to teach the child this skill. Often the skill will be divided into smaller steps so that the child is assigned a goal that he and his parents will achieve in a short period of time. As the parents experience success and gain confidence in the ability to teach their child and record his behavior, the STP Specialist will increase the number of prescriptions left in the home per week, often in several different areas of development, such as self-help, e.g., buttoning; social-emotional, e.g., reducing tantrums; and cognitive, e.g., counting. During the first year, 39 preschool children and their parents participated in STP.

For preschool children and families who need more extensive services than the PACT or the STP Program components can provide, the Therapeutic Evaluation and Treatment Center (TETC) is available. Here, comprehensive out-patient evaluation and treatment is provided to preschool children who are between six months and eight years of age. These children may be developmentally delayed, serious behavior or management problems, or otherwise handicapped. The evaluations may be short term (half a day) or long term (a maximum of six weeks). Upon completing the evaluation, professional staff from TETC and the clinical support services from the Southeast Mental Health and Retardation Center make recommendations to place the child in existing programs that can provide the necessary services. When this is not possible,

TETC will provide the necessary treatment. In the event the child is actually treated at the Therapeutic Evaluation and Treatment Center, on-going evaluation occurs. At the same time, it is imperative that the parents be involved in all aspects of the TETC Program. The parents must contract to spend a minimum of one hour for every four hours their child receives services at the Center. Again, the philosophy is to train the parents to be more effective in teaching their own handicapped child. Thus, while treatment is provided to the child, the parents go through a systematic training program which involves learning about behavior theory, how to observe their child, how to tutor their child, and how to independently plan and program for their child. During the first year, 19 preschool children and their parents received services through TETC.

To supplement the Preschool Program components, a number of complementary services are provided. One is the Land of Oz, a preschool screening program designed to identify children who have special problems that may interfere with their learning and/or social emotional adjustment. Parents and other volunteers are trained to administer small sections of the screening to each child. Thus, using 33 parent volunteers, as many as 30 children may be screened on approximately 40 tasks in two hours. The parents of each preschooler screened receive an interpretative report with recommendations for follow-up supportive services if the need exists. Approximately 600 preschool children have been screened during the first year of the program.

Another complementary service is the Lekotek which is a toy and instrument lending library designed to provide instructional toys, educational materials, and evaluation instruments that parents can check out to use with their own preschool children. An exciting aspect of this program is that parents must bring their child to the Lekotek and actually go through a training program on the use of a particular device before checking out that instrument or toy.

A six-session course in child management techniques is offered on a regular basis as another supplement to the three major preschool components.

The final supplementary services are the Developmental Individualized Program and the Developmental Infant Program which are computer programs that generate recommendations on methods, techniques and approaches that can be used by parents and teachers in teaching children. The more specific the parent or the teacher is in defining or describing the child's characteristics, the more specific are the prescriptions.

The second major aspect of Children's Services is the School Mental Health Center Cooperative which is a program designed to meet the needs of school-age children, their teachers and their families. Presently there are 29 school districts participating in this program which operates in the following way.

A Children's Services staff member first explains the details of the program to a superintendent or principal in one of the school districts. If that school district is interested in joining the School Mental Health Center Cooperative, then an individual known as a Mental Health Services Coordinator is hired within that school district to work for both the school and the School Mental Health Center Cooperative. Although the Coordinator is working for and with both organizations, he is permanently located within the school district and works from the school itself.

Before anyone begins to function in his role as a Coordinator, he is provided with extensive inservice training at the Mental Health Center on the procedures, policies, and techniques for dealing with children through the Mental Health Center Cooperative. Thus these professionals know exactly what is expected of them in their roles within the schools, what kind of services they can expect to obtain through the Mental Health Center Cooperative and how to receive those services.

The Mental Health Services Coordinator is the source of all referrals from that school district to the Children's Services staff at the Mental Health Center. When a teacher needs help with a child, she first refers the problem to the Coordinator, then a group known as the Local Advisory Committee consisting of the referring teacher, the Coordinator and the school principal meet to screen and discuss the case. If it is decided that the problem can be dealt with locally, this is done; if it is felt

that outside help is needed, the case is then referred to the Children's Services staff at the Mental Health Center. One of the Children's Services staff members then either works directly with the child or serves as a consultant to the Coordinator and/or the child's teacher. Since the inception of this program, seven inservice training sessions have been held with the Mental Health Services Coordinators and 273 school-aged children have been referred through the School Mental Health Cooperative.

In addition to providing consultative services and direct services to specific children, the School Mental Health Cooperative staff spend a great deal of time on inservice training for the teachers within the participating schools. Other extensive community and public education programs are regularly provided. In the past year 2,644 individuals from various professions have received such services.

Thus, the services provided are on a continuum to meet the needs of normal children and their families as well as high risk and handicapped children and their families.